



**STATE OF TENNESSEE
DEPARTMENT OF FINANCIAL INSTITUTIONS
CONSUMER RESOURCES DIVISION
414 UNION STREET, SUITE 1000
NASHVILLE, TENNESSEE 37219
PHONE 1-800-778-4215
FAX (615) 253-7794**

***DENOTES REQUIRED FIELDS**

CONSUMER COMPLAINT

The Tennessee Department of Financial Institutions requires that complaints be written. Please print a copy of this form, complete and return it by regular mail or fax to the address/phone number listed above. The Department provides this form with the understanding that you authorize this office to conduct an investigation to determine if a violation of Tennessee law has occurred.

Please note however the Department:

- Cannot act as a court of law or as a lawyer on complainant's behalf
- Nor can we provide legal advice
- Additionally, we cannot become actively involved in complaints that are in litigation or have been resolved by the court system

Please print or type

*Your Name: _____

Your E-mail: _____

*Address: _____

*City: _____ *State _____

*Zip Code _____ *County _____

*Home Phone: _____ Work Phone _____

Who Is Your Complaint Against? _____

If Complaint involves a Mortgage loan, please advise if it is:

Investment Property _____ or Owner Occupied _____

Name of Individual: _____

*Name of Financial Institution: _____

*Address _____

*City _____ *State: _____

*Zip: _____ Phone: _____

Amount Involved: _____ Method of Payment _____

*Date of Transaction: _____ Type of Transaction or Service: _____

*Have you contacted the financial institution? Yes _____ No _____

Please provide the name of the person you spoke to at the financial institution, as well as the date(s) of contact: _____

What efforts have you taken to resolve your dispute with the financial institution?

Have you retained an attorney? Yes _____ No _____

If yes, please provide the name and address of the attorney: _____

Attorney Phone Number: _____

*Has a lawsuit been filed? Yes _____ No _____

If yes, please provide the case or docket number: _____

What settlement would you consider fair? _____

*Briefly state your complaint. Complete information will speed action on your complaint. If additional space is needed, please attach additional sheets.

Do you have supporting documentation? (For example contracts, loan agreements, cancelled checks (front and back), bank statements or related documents) Yes _____ No _____

If yes, please provide copies of your original documents (along with a copy of this complaint form).

By submitting this information, I hereby attest to the accuracy or truthfulness of the content. I authorize the Department of Financial Institutions to send this complaint form to the financial institution or use the information given in any other manner deemed necessary or proper.

Signature

Date